STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

	j	APR 2 2 2019			
1. Name of Lobbyist(s) Robert J. Scu	lley	NEW HAMPSHIRE			
11. Name of lobbyist's partnership, firm or corporation, if any:	U	DEPARTMENT OF STATE			
Energy Marketers association of New Hampshire					
Business Address: (Street) Sheet, Concord	NH D330/	(Zip Code)			
(608 + 15 - 8330) $(603 + 15 - 8339)$ (Fax)	e-mail 1)Sculley	@ energymarkolos			
111. This statement covers: (Choose one - file separate reports for expertable expense transactions which are not attributable to any		ussulqtion NH.Com ile a separate report for			
All reportable transactions occurring in the months prior to the repo		Howing client:			
Energy Marketers Association (Elli Name of Client as it appears on the Lobbyist R		shire			
☐ All reportable transactions by the lobbyist (including the lobbyist's funrelated to any particular client.	S,	n listed below which are			
		····•			
IV. Date of Report April 24, 2019 [V	July 31, 2019 📋				
Reports cover: activity from date of registration to 3/31/19 activity	July 31, 2019				
October 30, 2019	January 29, 2020 [] by from 10/1/19 to 12/31/19				
V. There have been no fees received and no reportable transactions made since the last report. [If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204,					
VI. Check if additional reports are attached:					
If you have received fees or made expenditures, you must file Adder	ndum A- Fees and Expense	ės			
If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement					
If you, your firm, or your family has made political contributions, yo					
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby sweand complete to the best of my knowledge and belief.	ar or affirm that the foregoi	ng information is true			
(Signature of lobbyist)	4-18-19 (Date)	_			
ROBERT J. SCULET	(

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Robert J Sculley	
II. Name of lobbyist's partnership, firm or corporation, if any:	
Energy Marketers association of New (Name of partnership, firm or corporation)	Hampshiee
III. Name of Client Fregy Marketers association of N	* Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	e that are related, directly or indirectly t relations, or public relations service oss fee amount reported shall not be
a) Total of all fees received in this reporting period	a) \$ 4, 143.60
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	L) C
c) Total of all fees received to date (Add lines a and b)	c)s <u>4, 143.60</u>
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reported. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report mexpenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	plent and if expenditures are made by the pay be filed for the lobbyist(s)/firm. aggregate total of all expenses paid penses; (b) the aggregate total of all expenses; (c) the aggregate total of all expenses; (d) the aggregate total of all expenses; (e) the aggregate total of all exp
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. 	a)\$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ns \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm to is true and complete to the best of my knowledge and belief. Signature of lobbyist) ROBERT J. Sourcey (Print Name of lobbyist)	



STATE OF NEW HAMPSHIRE

Lobbyists Report of Honorariums or Expense Reimbursement Addendum B (RSA Chapter 15:6)

III. Name of lobbyist's partnership, firm or corporation, if any: Energy Marketers Association of New Hampalite (Name of partnership, firm or corporation) III. Name of Client Energy Marketers Association of New Hampalite State the full name of the person receiving the honorarium or expense reimbursement: Last Name First Name Middle Name/Initial What is the value of the honorarium or expense reimbursement? \$ Describe the event to which the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event). (If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.) Sworn Statement/Affirmation by Lobbyist have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. (Signature of lobbyist) (Date)	I. Name of Lobbyist(s)	Robert J Sculle	0.7
State the full name of the person receiving the honorarium or expense reimbursement: Last Name First Name Middle Name/Initial What is the value of the honorarium or expense reimbursement relates. (Include the date(s) and location(s) of the event). (If there is more than one honorarium or expense reimbursement use a separate addendum B form for each.) Sworn Statement/Affirmation by Lobbyist Thave read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. (Signature of lobbyist) (Date)	II. Name of lobbyist's	partnership, firm or corporation, if	Canve
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(Date)	I have read RSA 15, RSA is true and complete to the	15-B and RSA 664 and hereby swear e best of my knowledge and belief.	or affirm that the foregoing information
(Date)	(Signature of lab.		
Print Name of lobbyist)	(Signature of loobyist)		(Date)
	(Print Name of lobbyist)		